

~~(H) WITHIN 30 DAYS AFTER THE APPROVAL OF THE SECRETARY, IMPLEMENT THE COMPREHENSIVE OUTREACH SERVICES PLAN.~~

~~(2) IF A MANAGED CARE ORGANIZATION THAT, ON OR BEFORE OCTOBER 1, 1998, HAS A CONTRACT WITH THE DEPARTMENT TO PROVIDE HEALTH CARE SERVICES DOES NOT MEET THE REQUIREMENTS OF PARAGRAPH (1) OF THIS SUBSECTION, THE SECRETARY MAY:~~

~~(1) 1. REVOKE THE CERTIFICATION OF THE MANAGED CARE ORGANIZATION;~~

~~2. TERMINATE THE CONTRACT;~~

~~3. WITHHOLD \$2 OF ITS CAPITATION PAYMENT FOR EACH ENROLLEE OF THE MANAGED CARE ORGANIZATION TO COVER THE COSTS OF THE SECRETARY IN CONTRACTING WITH ANOTHER ENTITY TO PROVIDE COMPREHENSIVE OUTREACH SERVICES; AND~~

~~(I) IMPOSE SANCTIONS ON THE MANAGED CARE ORGANIZATION, INCLUDING BUT NOT LIMITED TO:~~

~~1. FINES;~~

~~2. SUSPENSION OF FURTHER ENROLLMENT;~~

~~3. WITHHOLDING ALL OR PART OF THE CAPITATION PAYMENT;~~

~~4. TERMINATION OF THE PROVIDER AGREEMENT; AND~~

~~5. DISQUALIFICATION FROM FUTURE PARTICIPATION IN THE MARYLAND MEDICAID MANAGED CARE PROGRAM; AND~~

~~(II) CONTRACT WITH ANY COMMUNITY BASED HEALTH ORGANIZATION THAT THE SECRETARY DETERMINES IS WILLING AND ABLE TO PERFORM COMPREHENSIVE OUTREACH SERVICES.~~

~~(F) ON AND AFTER OCTOBER 1, 1998, THE SECRETARY MAY NOT EXECUTE AN INITIAL CONTRACT WITH A MANAGED CARE ORGANIZATION TO PROVIDE HEALTH CARE SERVICES UNLESS THE MANAGED CARE ORGANIZATION HAS A COMPREHENSIVE OUTREACH SERVICES PLAN THAT THE SECRETARY APPROVES.~~

~~(G) A MANAGED CARE ORGANIZATION MAY SUBCONTRACT WITH A COMMUNITY BASED ORGANIZATION TO DEVELOP AND IMPLEMENT A COMPREHENSIVE OUTREACH SERVICES PLAN UNDER THIS SECTION.~~

~~(H) AFTER OCTOBER 1, 1999, IN AWARDING A CONTRACT TO PROVIDE HEALTH CARE SERVICES UNDER THE MARYLAND MEDICAL ASSISTANCE PROGRAM, THE SECRETARY SHALL GIVE A PREFERENCE TO:~~

~~(1) A MANAGED CARE ORGANIZATION THAT THE SECRETARY DETERMINES HAS DEMONSTRATED A SUCCESSFUL OUTCOME IN IMPLEMENTING A COMPREHENSIVE OUTREACH SERVICES PLAN; OR~~